



STATE OF DELAWARE
Department of Safety & Homeland Security
DIVISION OF ALCOHOL & TOBACCO ENFORCEMENT
34 STARLIFTER AVENUE
DOVER, DE 19901

TELEPHONE: (302) 741-2721
FAX: (302) 739-4770

Thank you for your interest in the Alcohol Cooperating Underage Witness (CUW) program!

The Alcohol CUW program was designed by the Division of Alcohol and Tobacco Enforcement (DATE) to ensure all stores, bars, restaurants and other businesses that sell or serve alcohol are in compliance with state age requirements. On average, our agency will test compliance at approximately 1,300 locations year-round.

The Alcohol CUW Program is STRICTLY a volunteer program. There is no pay for participation however, CUW's can earn volunteer/community service hours while participating in the program. The Alcohol CUW Program is a great way for young adults to gain some experience if they are considering a Law Enforcement career.

The safety and welfare of all CUW's is a primary focus at DATE. Officers with the Division are certified police officers in the State of Delaware. For more information about our agency and the CUW program, visit us online at www.date.delaware.gov or call (302) 741-2715 if you have any questions.

PROGRAM QUALIFICATIONS:

- CUW's must be at least 17 years old and no older than 20 years & 6 months to volunteer under this program.
- Must be mature, honest, and demonstrate responsible behavior at all times.
- Successfully pass a background screening.

APPLICATIONS ARE ACCEPTED YEAR-ROUND!

HOW TO APPLY:

The following must be completed and returned by the deadline. Incomplete applications will hinder our process and may disqualify your participation in the program. All paperwork and copies should be clear, legible and printed in blue or black ink.

- Application for Participation
- Copy of Driver's License or State Issued ID

Application and documents can be mailed to: Division of Alcohol & Tobacco Enforcement, 600 South Bay Road, Suite 3, Dover, DE 19901. **ATTN:** CUW Program, **or email to** Tiffany.Lacy@Delaware.gov.

STATE OF DELAWARE
DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT
ALCOHOL COOPERATING UNDERAGE WITNESS PROGRAM
Application for Participation (Volunteer)

Name: _____ Date of Birth: _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____

School: _____

1. How did you hear about the CUW Program? _____

2. Why do you want to join the CUW Program? _____

3. Do you or your parent/guardian have significant financial interest such as owning stock in, serving as an employee, trustee, officer, or Director of a company that is licensed to sell **tobacco or alcohol** in the State of Delaware?

YES NO

If you answered yes, please provide the person's name, their relationship to you, the name and location of the company they are affiliated with: _____

4. Are you currently employed? YES NO

Employer: _____ Location: _____

Job Title: _____ Duties: _____

Schedule: _____

Parent/Guardian Contact Information – UNDER 18 YEARS OLD

1. Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

2. Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

STATE OF DELAWARE
DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT
ALCOHOL COOPERATING UNDERAGE WITNESS PROGRAM
Permission to Participate and Release of Liability

UNDER 18 YEARS OLD:

I give my child permission to participate in the Division of Alcohol and Tobacco Enforcement's Alcohol Cooperating Underage Witness (CUW) Program to include conducting compliance checks with certified police officers with the Division. I understand that my child may be required to offer testimony against violators in any court of law and/or in an administrative proceeding, that may result from their cooperation with the Division of Alcohol and Tobacco Enforcement. I agree to fully comply with any requirement and/or subpoena that I or my child may receive.

I do hereby release and discharge the State of Delaware, Department of Safety and Homeland Security, Division of Alcohol and Tobacco Enforcement, its agents and insurers, from all claims, demands, damages, actions, causes of actions or suits, at law or in equity, of whatsoever kind of nature on my minor child's account, of any injury or damage to my minor child's person or property resulting from, or arising out of, his or her participation in any enforcement activity involving the Division of Alcohol and Tobacco Enforcement. I understand that this release includes but is not limited to, property damage, bodily injury, medical costs and expenses and lost wages.

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____ **Relationship to Minor:** _____

18 YEARS OLD AND OLDER:

I understand that I may be required to offer testimony against violators in any court of law and/or in an administrative proceeding, that may result from their cooperation with the Division of Alcohol and Tobacco Enforcement. I agree to fully comply with any requirement and/or subpoena that I or my child may receive.

I do hereby release and discharge the State of Delaware, Department of Safety and Homeland Security, Division of Alcohol and Tobacco Enforcement, its agents and insurers, from all claims, demands, damages, actions, causes of actions or suits, at law or in equity, of whatsoever kind of nature on my minor child's account, of any injury or damage to my minor child's person or property resulting from, or arising out of, his or her participation in any enforcement activity involving the Division of Alcohol and Tobacco Enforcement. I understand that this release includes but is not limited to, property damage, bodily injury, medical costs and expenses and lost wages.

Signature of Applicant: _____ **Date:** _____

Printed Name: _____

STATE OF DELAWARE
DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT
ALCOHOL COOPERATING UNDERAGE WITNESS PROGRAM
Criminal Background Release

This form must be completed by the applicant. If the applicant is under the age of 18, a parent/guardian must acknowledge and sign.

NAME OF APPLICANT: _____ **DATE OF BIRTH:** _____

I, the above-named applicant, understand the purpose of this criminal background check and that I am required to undergo a criminal background check, conducted by the Division of Alcohol and Tobacco Enforcement, to participate in the Alcohol CUW program. **I hereby provide consent for the background check and I understand that the Division may disqualify me from participating in the program if negative police contact or criminal history information is discovered.** This authorization, or a reproduction thereof, shall be valid for the duration of my assignment to the Alcohol CUW Program and shall not exceed four (4) years from the date of execution of this document.

Applicant Signature: _____ **Date:** _____

UNDER 18 YEARS OLD:

As a parent of the above-referenced applicant, I understand the purpose of this pre-employment background check and that my child, named herein, is required to undergo a criminal background check conducted by the Division of Alcohol and Tobacco Enforcement to participate in the Alcohol CUW program. **I hereby provide consent for the background check and I understand that the Division may disqualify my child, named herein, if negative police contact or criminal history information is discovered.** This authorization, or a reproduction thereof, shall be valid for the duration of my child's assignment to the Alcohol CUW Program, not to exceed four (4) years from the date of execution of this document.

Parent Signature: _____

Print Name: _____

Relationship to Minor: _____ **Date:** _____

Division use only:

Date of check:	_____	Performed by:	_____	Result:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Date of check:	_____	Performed by:	_____	Result:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Date of check:	_____	Performed by:	_____	Result:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Date of check:	_____	Performed by:	_____	Result:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail